

PROOF OF CLAIM IN THE MATTER OF Consolidated American Insurance Company, In Liquidation (CAIC) Deadline: 11:59 PM EDT. December 31, 2005	FOR OFFICIAL USE ONLY PROOF OF CLAIM NO.:
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Complete All Sections	Please Print or Type
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SECTION I

Claimant Name: _____ Address 1: _____ Address 2: _____ <div style="text-align: center;">State</div> City: _____ : _____ Zip: _____ Telephone No. () Fax No. () FEIN No. E-Mail Address:	Name of Insured: Business Name: Policy Number: Date of Loss: Claim Number (if previously filed): Agent Name:
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SECTION II Claim is for (mark with an "X")

1		POLICYHOLDER or THIRD PARTY CLAIM	Claim by insured of CAIC under a CAIC insurance policy for POLICY BENEFITS or liability claim against an insured of CAIC for POLICY BENEFITS.
2		GENERAL CREDITOR	Attorney fees, Adjuster fees, Vendors, Landlords, Lessors, Consultants, Cedants, and Reinsurers.
3		AGENT BALANCES	Agents earned commissions.
4		UNEARNED PREMIUM CLAIM	
5		ALL OTHER	Describe in an attachment.

SECTION III

1. In an attachment provide a concise statement of the facts giving rise to your claim.

2. Amount of Claim (or estimate) \$ _____

3. Is there OTHER INSURANCE that may cover this claim? YES () NO ()

4. If YES, provide name of insurer(s) and policy number(s): _____

SECTION IV

1. Does an ATTORNEY REPRESENT you? YES () NO () If yes, provide attorney's name, address & telephone number:

2. Has a Lawsuit or other LEGAL ACTION been instituted by anyone regarding this Claim? YES () NO () If YES, please provide the following:
 Court where Filed: _____ DATE FILED _____ DOCKET NUMBER: _____
 PLAINTIFF(S): _____
 DEFENDANT(S): _____

SECTION V

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that the undersigned has the right and authority to sign and submit this proof of claim; that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; that the said claim against Consolidated American Insurance Company in Liquidation is true to the best of the undersigned's own knowledge except as matters therein stated to be alleged upon information and belief and as to those matters the undersigned believes to be true; that no payment of or on account of the aforesaid claim has been made except as above stated; that there are no offsets or counterclaims thereto; and that the undersigned is not a secured creditor or claimant, or has no security interest except as stated above

If the foregoing Proof of Claim alleges a claim against a CAIC insured (Third Party Claim), the undersigned hereby releases any and all claims which have been or could be made against such CAIC insured based on or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limit and subject to coverage being accepted by the liquidator, regardless of whether any compensation is actually paid to the undersigned. If coverage is avoided by the liquidator, this release becomes null and void.

_____	_____
Claimant Signature	Date

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM

This proof of claim form is used for filing a claim against Consolidated American Insurance Company (CAIC). If you have a claim to pursue against CAIC, you must file a completed proof of claim form with the liquidator by the bar date. To file by the bar date the proof of claim form must be **postmarked no later than December 31, 2005 or received by liquidator no later than 11:59 PM EDT on December 31, 2005.** Failure to file a timely claim may result in denial of your claim or consideration of your claim.

Please print legibly in ink or type. Complete all of the applicable sections and blanks, read and sign. Attach additional sheets as necessary. In the event you do not know certain information, please write "unknown". You may supplement your proof of claim when you have more information, provided you do so promptly after you obtain the information. If you have more than one claim against CAIC a separate proof of claim must be submitted for each claim. You may make copies of the proof of claim form or request additional copies from the liquidator using the address below a proof of claim must be filed even if a claim was made against CAIC prior to liquidation. You are advised to keep a completed copy for your records.

Whenever a claim is based upon an instrument in writing, a copy of the document should be attached to the proof of claim. If the document has been destroyed, a statement of the facts and circumstances of the loss must be filed, under oath, with this claim. The right (but not the obligation) to request additional supporting information is retained by the liquidator. The failure to promptly provide such additional information may result in denial of the claim.

Section I:

Complete requested contact and policy information. Ensure claimant's address is current including a correct zip code. **You are required to notify the liquidator of your change of address. If you fail to do so, you may jeopardize recovery from this estate.**

Section II:

Please denote the type of claim you are making against CAIC:

1. A **policy benefit** claim represents unpaid claims arising under the policies issued by CAIC. These claims include a loss by the insured of CAIC under a CAIC insurance policy or a liability claim against an insured of CAIC. **Even if you have a claim already pending with CAIC you must file a proof of claim**, but it is not necessary for you to attach additional documentation. **If this is a new claim**, complete the form and attach documentation to support the claim. *If your claim is a contingent claim under an insurance policy, please note as such. If a policy was renewed, a claim should be filed for each policy number for which you want to file.*
2. Claim of a **general creditor** includes outstanding attorney fees, adjuster fees, vendors, landlords, lessors, consultants, cedants, and reinsurers. Attach copies of all outstanding invoices to this form.
3. Claims for **agent balances** refers to outstanding agents earned commissions. Attach a complete accounting by policy/contract in support of your claim.
4. Claims for unearned premiums, attach copy of policy declarations page and cancelled check.
5. **Any other** type of claim includes outstanding claims not listed above such as stockholder, employee, taxes, license fees, assessments, etc. Describe your claim and attach copies of supporting information. Note: If your claim is for the **RETURN OF UNEARNED PREMIUM or other premium refunds**, you do **NOT** need to complete this form.

Section III:

Complete requested claim information including a concise statement of the facts giving rise to your claim in a **separate attachment**.

Section IV:

Complete regarding legal representation and/or legal actions. The name, address, and telephone number of the claimant's attorney, if any, must be shown. Attach additional sheets as necessary.

Section V:

The claimant needs to sign and date the form affirming the accuracy of the information provided.

Filing:

A complete and signed proof of claim form must be postmarked no later than December 31, 2005 or received by Liquidator no later than 11:59 PM EDT on December 31, 2005. Submit to the Liquidator at the following address:

Proof of Claim Department
Special Deputy Receiver
Consolidated American Insurance Company, In Liquidation
PO Box 407
Columbia, SC 29202

Note:

After all claims against this company are evaluated by the liquidator and approved by the Court, approved claims will be paid by priority level based on available funds in accordance with S. C. Statute §38-27-610. The amount of the payment will depend on the assets recovered. The amount to be paid on an individual claim, if any, will not be known until all claims are evaluated and assets are recovered. In any event, payment will not be made for several years.

The liquidator's receipt of this proof of claim form does not constitute any waiver or relinquishment by the liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency, regarding any actions pursued by the liquidator of Consolidated American Insurance Company on behalf of Consolidated Insurance Company, In Liquidation claimants, policyholders and creditors.